· · · · · · · · · · · · · · · · · · ·	4	170	20	8			
FORM D				fi <sup>-</sup>	OMB AP	PROVAL	,
FORM D UNITED STATES	'ANANA'	ICCION	J	OMB	Number:	3235-007	6
RECE VED SECURITIES AND EXCHANGE O		133101	•	1 1	es: April 30,		
1 2 0007	19				ated average		
SEP 1 0 2007 FORM D				hours	per respons	<u>e</u>	16.00
				_			
NOTICE OF SALE OF SECULATE	PITIES					E ONLY	
PURSUANT TO REGULATE				Prefix			Serial
SECTION 4(6), AND/O					1	1	
UNIFORM LIMITED OFFERING I	EXEMPT	TION			DATE R	ECEIVEL	)
					1		
Name of Offering ( check if this is an amendment and name has changed, and indic		ge.)	· · · · · · · · ·				
IMF: Scottsdale 73 LLC – Membership Interests (LLC Units) - \$2,050,000 Offerin Filing Under (Check box(es) that apply):   Rule 504 Rule 505	g  X  Ri	ale 506		Section	4(6) T	ULOE	
	<b>2</b>	JIC 300		Section	·(0)	, 0130E	
Type of Filing: New Filing	N D A T			111311			<u> </u>
A. BASIC IDENTIFICATION	ON DAT	A					<b>  </b>   —
I. Enter the information requested about the issuer:							<b>II</b> —
Name of Issuer: ( check if this is an amendment and name has changed, and indicated the control of the changed changed). Control of the changed changed in the changed	ate chan	ge.)			070759	)40	_
Address of Executive Offices (Number and Street, City, St 11235 S. E. 6 <sup>th</sup> Street, Suite 230, Bellevue, Washington 98004	ate, Zip (	Code)		one ∾ип 74-8550	iper (Includii	ig Aica C	ouc <i>j</i>
Address of Principal Business Operations (Number and Street, City, St	ate, Zip (	Code)	·		ber (Includi	ng Area C	ode)
(if different from Executive Offices)			<u>                                     </u>		.,_,		
Brief Description of Business:	C 435	& \ las		aattadal	. A missons		
Purchase of a two-story, multi-tenant industrial building in Scottsdale Airpark (2	5,425 sq.	. it.) ioc:	ated in S	cottsdai	e, Arizona		
Type of Business Organization		other (pl	ease spe	cify): Liı	nited Liabil	ity Comp	any
□ corporation □ limited partnership, already formed				•			•
□ business trust     □ limited partnership, to be formed       Month     Year							
Actual or Estimated Date of Incorporation or Organization: 0 8 0 7	Ac	ctual	⊠ Es	timated	PROC	<u>ESSE</u>	D
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a	bbreviati	ion for S	State:		CED 4	1 0003	
CN for Canada: FN for other foreign	urisdictio	on)	A	z	SEP 1		1
GENERAL INSTRUCTIONS					THOM FINAN	ISON . ICIAL	フ
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under R. When to File: A notice must be filed no later than 15 days after the first sale of securities in the Commission (SEC) on the earlier of the date it is received by the SEC at the address given below was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington I. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need information requested in Part C, and any material changes from the information previously suppose. SIGNET: There is no federal filing fee. SIGNET: There is no federal filing fee. SIGNET: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULC) have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities	offering. or, if rece o.C. 20549 e manually I only rep lied in Pa DE) for sa Administ	A notice ived at the party of the north the north A and the solution of sectrator in contract of the se	Any cop ame of th d B. Part curities in each state	ed filed we safter the see not made issuer a E and the those star where sal	ith the U.S. S date on which nually signed and offering, an Appendix necessary tes that have a es are to be, o	ecurities and it is due, of must be phone of the phone of the first adopted UL or have been	d Exchange in the date it otocopies of thereto, the led with the OE and that it made. If a
state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of the state of the	his notice	and mus	t be comp	leted.	O. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	ase simii De	. mee in the
ATTENTION							

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years;

- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

- Lacii general and		or partitership issuers.			
Check Box(es) that Apply	□ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Iron Mountain Equities I	LLC				
Business or Residence Add	iress (Nur	nber and Street, City, Sta	ite, Zip Code)		
11235 S. E. 6th Street, Sui	ite 230, Bellevue,	Washington 98004			
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first Clark, James M	t, if individual)				·
Business or Residence Add 11235 S. E. 6 <sup>th</sup> Street, Su		mber and Street, City, Sta Washington 98004	ite, Zip Code)		
Chec's Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name firs Jordan, Bret M.	t, if individual)				
Business or Residence Add 11235 S. E. 6 <sup>th</sup> Street, Su	•	mber and Street, City, Sta Washington 98004	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name firs	t, if individual)	<u></u>			
Raskin, Bruce D.					
Business or Residence Ad	· ·	mber and Street, City, Sta	nte, Zip Code)		
11235 S. E. 6th Street, Su	ite 230, Bellevue,	Washington 98004		•	
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Nu	mber and Street, City, Sta	nte, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Nu	mber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Nu	mber and Street, City, Sta	ate, Zip Code)		

		<del> </del>			B. II	NFORMAT	TION ABOU	UT OFFER	ING				
1.	Has th	e issuer sol	ld, or does th	ne issuer int	end to sell, to	non-accred	ited investor	s in this offe	ering?			Yes □	No
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.									<b>\$</b> Yes	50,000 No			
3.	(Issuer reserves the right to sell fractional units or interests.)  Does the offering permit joint ownership of a single unit?							🛛					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
		(Last nam ristan B.	e first, if ind	ividual)									
					Street, City, Washington,		Code)		<u> </u>				
			Broker or De okerage LL								_		
Stat					or Intends to S								
[ A ]	-	Check "All [AK]	States" or c		dual States) [CA]XX	[CO]	[CT]	[DE]	[DC]	[FL] <b>XX</b>	[GA]XX	. 🔲 Al [HI] <b>XX</b>	l States [ID]XX
[AL [IL	-	[ IN]	[ IA]	[KS]	[KY]	[LA]	[ME]	[MD]XX	[MA]	[MI]	[MN]	[MS]	[MO]
[M] [ R]	rjxx H	[NE] [SC]	[NV]XX [SD]	[NH] [TN]	[NJ ] <b>XX</b> [TX] <b>XX</b>	[NM] [ UT]XX	[NY]XX [VT]	[ NC] [ VA]XX	[ND] [WA]XX	[OH] [WV]	[OK] [ WI]	[OR]XX [WY]	[PA] [PR ]
			e first, if ind		177,724	[ O I ]ASK			[ 1111]				
JO	RDAN,	Bret M.											
Bus 112	iness o	r Residence . 6 <sup>th</sup> Street	Address (? , Suite 230,	Number and Bellevue, V	Street, City, Washington,	State, Zip C 98004	Code)						"
			Broker or De okerage LL		,								
Stat	tes in W	hich Perso	n Listed Has	Solicited (	or Intends to S	olicit Purch	nasers				,		
		Check "All	States" or c	heck indivi	dual States)			LINE					I States [ ID ]
[ ] [ ] [		[AK] [ IN]	[AZ] [1A]	[KS]	[CA] [KY]	[ LA]	[ME]	[ DE] [MD]	[ DC] [MA]	[ FL] [ MI]	[ GA] [MN]	[ HI] [ MS]	[MO]
[M	ΤĴ	[NE]	[NV]	[NH]	[NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[ OK]	[OR]	[PA]
[ R		[SC]	[SD]	[TN]	[TX] 	[ UT]	[ VT]	[ VA]	[WA]XX	[WV] ————	[ WI]	[WY]	[PR]
Ful	I Name	(Last nam	e first, if ind	iividuai)									
Bus	siness o	r Residence	e Address (1	Number and	Street, City,	State, Zip C	Code)						
Naı	me of A	ssociated I	Broker or De	aler	,			-					
Sta	tes in W	hich Perso	n Listed Ha	s Solicited	or Intends to S	Solicit Purcl	nasers			<del> </del>			,
	,				idual States)								Il States
[ A [ IL		[AK] [ lN]	[AZ] [ IA]	[AR] [KS]	[CA] [KY]	[ CO] [ LA]	[ CT] [ME]	[ DE] [MD]	[ DC] [MA}	[ FL] [ MI]	[ GA] [MN]	[ HI] [ MS]	[ ID ] [MO]
[M	Tj	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[ R	[]	[SC]	[SD]	_[TN]	[TX]	[UT]	[ VT]	[ VA]	[WA]	[WV]	[ WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEED	S	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		gregate ing Price	Amount Already Sold
	Debt	_		\$
	Equity	\$		\$
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$		<b>S</b>
	Partnership Interests	\$		\$
	Other (Specify) LLC Units	\$2	2,050,000	<b>\$</b>
	Total	\$2	2,050,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".			
	Accredited Investors	In	umber vestors	Aggregate Dollar Amount of Purchases \$
	Non-accredited Investors.			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<del></del> ,	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering		ype of curity	Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			<b>\$</b>
	Total			\$
4a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$
	Accounting Fees			\$
	Engineering Fees		🗖	\$
	Sales commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Organization and Offering			\$30,000
	Total		🛛	\$30,000

£ 1 5

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PRO	CEEDS	
b.		offering price given in response to Part C - Quest testion 4.a. This difference is the "adjusted gross"			\$2,020,000
5.	the purposes shown. If the amount for any	oss proceeds to the issuer used or proposed to be upurpose is not known, furnish an estimate and chents listed must equal the adjusted gross proceed above.	eck the box to		
				Payments to Officers, Directors, & Affiliates	
Sal	aries and fees (Project Management Fee)		🛛	\$ <u>100,000</u>	. S
Pu	rchase of real estate		🛛	\$	\$ <u>1,272,394</u>
Pu	rchase, rental or leasing and installation of mac	ninery and equipment		\$	\$
		lities			<u> </u>
Ac	quisition of other businesses (including the val-	e of securities involved in this offering that may b	e used in		
		uer pursuant to a merger)			_
	• -				
			⊠	\$	\$ <u>167,146</u>
	her (specify):			_	
	-			\$	
	•			\$	\$ 186,000
Ç٥				\$ <u>100,000</u>	\$ 1,920,000
	Total Payments Listed (column totals ac	ded)			<b>⊠</b> \$ <u>2,020,000</u>
		D. FEDERAL SIGNATURES	······································		
sig	nature constitutes an undertaking by the issue	need by the undersigned duly authorized person. or to furnish to the U.S. Securities and Exchange redited investor pursuant to paragraph (b)(2) of R	e Commission, up		
	uer (Print or Type) IE Scottsdale 73 LLC	Signature	Date Sef	7,2007	
	me of Signer (Print or Type) mes M. Clark	Title of Signer (Print or Type)  Manager of Iron Mountain Equities LLC, the Manager of the Issuer			

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 p	presently subject to any of the disqualification provisions of such rule?	Yes □	No ⊠
	See Append	lix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as require	o furnish to any state administrator of any state in which this notice is d by state law.	filed, a notice on For	m D
3.	The undersigned issuer hereby undertakes offerees.	s to furnish to the state administrators, upon written request, inform	nation furnished by	the issuer to
4.		e issuer is familiar with the conditions that must be satisfied to be n which this notice is filed and understands that the issuer claiming nditions have been satisfied.		
	e issuer has read this notification and knows thorized person.	the contents to be true and has duly caused this notice to be signed or	n its behalf by the un	dersigned duly
	uer (Print or Type) IE Scottsdale 73 LLC	Signature Date S	EP 7, 7007	
	me (Print or Type)	Title (Print or Type)  Manager of Iron Mountain Equities LLC, the Manager of the Issuer		



## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.